

Radiology Providers agree to:

- ⦿ Submit results using the ACR Lexicon Breast Imaging Reporting System (BIRADS)
- ⦿ Have received Food and Drug Administration (FDA) certification. Provisional certification is acceptable. Mammography units must provide a copy of the current FDA certification when signing a participation contract with EWM.
- ⦿ Provide patient education including recommended screening guidelines and may also include breast self-exam instruction.
- ⦿ Radiology facilities must complete the processing, interpretation and clinic report preparation and mail their report for each case to the referring healthcare provider within seven days of receipt of the films and to EWM within two weeks.
- ⦿ Radiology facilities must have a system for immediate notification to the referring provider on the day of diagnosis for all cases interpreted as suspicious abnormality or highly suggestive of malignancy.
- ⦿ Before payment can be made to either the Radiologist or the Mammography Facility, EWM must have received either a completed Mammography Reporting Form or a Radiology Report in their own format utilizing the ACR Lexicon Reporting System (BIRADS). (Please see the Compensation & Billing Section for more information on billing procedures)

Mammography Reporting Form

When any client presents a Mammography Reporting Form to a participating mammography facility, her eligibility has already been determined and a participating healthcare provider has already seen her for the Screening Visit, including a clinical breast exam.

Only clients bringing the Mammography Reporting Form are eligible for payment by EWM. A Screening Visit Card or other EWM forms are not acceptable proof of eligibility.

How to use the form:

- The referring healthcare provider should have already completed the gray shaded area of the form including client name and other pertinent clinical information. The Mammography Reporting Form is valid only for the client to whom it is issued and is not transferable.
- Verify that the client falls within the age guidelines. If the client falls outside of the age guidelines, EWM will not reimburse for mammography or ultrasound, even if she does present a Mammography Reporting Form. See Age Guidelines below:

Services	Age Guidelines
Diagnostic Mammogram	Clients 18-29: Diagnostic mammograms are NOT a covered service. Clients 30+: Diagnostic mammograms are a covered service.
Breast Ultrasound	Clients 18-39: Breast ultrasounds are covered for clients, 18-39 years old, with a suspicious palpable mass. <i>*Reimbursement for breast ultrasound needs preauthorization for clients 18-39, except when recommended by a radiologist following a diagnostic mammogram in clients 30-39.</i> Preauthorization for breast ultrasound is based on funding availability. Clients 40+: Breast ultrasound is a covered service.
Screening Mammogram	Clients 18-39: Screening mammograms are NOT a covered service. Clients 40+: Screening mammograms are a covered service.

- CAD and MRI is **NOT** reimbursable.
- The bottom section of the first page of the Mammography Reporting Form may be torn off for tracking purposes
- The Radiology facility performing the procedure will complete the Provider name and the Date of Service.
- The Mammography Reporting Form is attached to the films and forwarded to the Radiologist.
- The Radiologist indicates the findings on the Mammography Reporting Form.
- If a breast ultrasound was done on same day as mammogram, it can be recorded in the ultrasound box on the same form.
- Using the attached envelope, one copy of the Mammography Reporting Form is forwarded to EWM within two weeks.

To view the Mammography Reporting Form, please see the Forms & Materials Section page 11-6.